

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM ITO-479)**

SERIAL NO.

FILED DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	INO.	DEF.	INO.	DEF.	INO.	DEF.
1						
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49						
50						
TOTAL INO.	3					
TOTAL DEF.						
TOTAL	17					

	INO.	DEF.	INO.	DEF.	INO.	DEF.
61						
62						
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TOTAL INO.						
TOTAL DEF.						
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